



TRICARE PROGRAM

Everything you need to know

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TRICARE Overseas Program (TOP)

- Enrollment/Eligibility
 - Prime
 - Standard
- Portability
- CONUS Care
- Summary



TRICARE Program Options

- Prime
 - TRICARE Global Remote Overseas (TGRO)
 - TRICARE Global Remote Overseas-Outreach
- Standard
 - Active duty family members
 - Retirees & retiree family members



TRICARE Program - Prime

- Primary Care Manager – (RMO/PA/Nurse/ISOS)
 - Provides and/or coordinates your care
- Priority for care
 - Access to Care standards
- Enrollment required for Prime coverage
- No out of pocket cost for covered/authorized care
 - May have up front costs





TRICARE OVERSEAS PROGRAM PRIME ENROLLMENT APPLICATION

SPONSOR INFORMATION

CAN BE COMPLETED BY ANY ADULT BENEFICIARY. SEE REVERSE FOR DIRECTIONS. PLEASE PRINT CLEARLY.

Overseas Area (Circle One) TRICARE Europe TRICARE Pacific TRICARE Latin America and Canada

1. Sponsor Name (last, first, middle initial)	2. Sponsor Social Security Number	3. Sex	4. City and Country	5. Date of Birth (dd/mm/yy)	6. Rank	7. Telephone Numbers
						Home:
						Duty:
8. Duty Address (Unit, Office Symbol, Station, APO/FPO)	9. DEROs/PRD ("required")	10. Mailing Address				11. Sponsor Branch of Service (Must be Active Duty)
						Army Air Force Navy
						Marines USCG NOAA/PHS
12. E-Mail Address (if available) Please Print Clearly	13. Sponsor Status (circle One)			14. Preferred Military Treatment Facility Site/ PCM (if applicable)		
Sponsor	Active Component Activated Guard/Reserve Flyer/PRP					
Spouse	Transitional Survivor Other _____					

FAMILY MEMBER INFORMATION

LIST ALL FAMILY MEMBERS WHO ARE EITHER COMMAND SPONSORED, OR RESIDED WITH THE SPONSOR IN COUNTRY AT THE TIME OF ACTIVATION, WHO ARE APPLYING FOR ENROLLMENT IN A TRICARE OVERSEAS PRIME OPTION. PLEASE PRINT CLEARLY. (Please do not list members not physically residing with you.)

15. Family Member Name (last, first, middle initial)	16. Date of Birth (dd/mm/yy)	17. Relation to Sponsor	18. Date of Arrival in Country	19. Current City & Country of Residence	20. Military Treatment Facility (if applicable)	21. PCM Selection

COPY OF ORDERS REQUIRED

22. SIGNATURE: "I have read the instructions on the reverse side of this form and understand the Privacy Act Statement listed there. I further request enrollment for myself and my listed family members in the TRICARE Overseas Program Prime option."

SIGNATURE

DATE

Other Health Insurance Information

Name of Insurance Carrier	Plan Option	Insurance Account Number	Effective Date
I hereby certify that my other health information provided in this section is complete and correct. I understand that my other health insurance will be first payer on all TRICARE medical claims. <input type="checkbox"/> Yes, I would like to receive electronic information and provide e-mail feedback regarding my healthcare interactions. (TRICARE Global Remote Beneficiaries only)		Signature	Date

INSTRUCTIONS

TOP – Please circle applicable overseas location. Note: TRICARE Europe also includes the Middle East and Africa. TRICARE Latin America also includes Caribbean nations.

1. SPONSOR NAME - Last name, first name, middle initial.
2. SPONSOR SOCIAL SECURITY NUMBER - This is the SSN of the active duty member
3. SEX – M for male or F for female.
4. CITY AND COUNTRY - Where the sponsor is stationed.
5. DATE OF BIRTH - Enter DOB of sponsor. List by dd/mm/yy (example: 11 Oct 62).
6. RANK - List sponsor's rank (not pay grade; e.g. Army O-4 should be MAJ).
7. TELEPHONE NUMBER - Sponsor's work & home phone numbers to include country code or foreign DSN prefix.
8. DUTY ADDRESS - Please list Unit, Office Symbol, Installation, APO/FPO, Zip Code. (If attached or remotely assigned to a subordinate unit, please use your actual unit assignment and duty location rather than that of the parent unit.)
9. DEROS/PRD - Enter the sponsor's date of estimated return from overseas or the projected rotation date.
10. MAILING ADDRESS - This is the mailing address where you currently reside. Please include PSC, Box Number, APO and Zip Code.
11. SPONSOR BRANCH OF SERVICE: Circle the appropriate selection.
12. E-MAIL ADDRESS: Please provide if one exists for work, home or both. (This will provide another avenue for important medical benefit information to be distributed)
13. SPONSOR STATUS. Circle the appropriate selection
14. PREFERRED MILITARY TREATMENT FACILITY SITE. Choose the military treatment facility where you would prefer to be enrolled. If you are in an area with overlapping military treatment facility service areas, choose the facility most convenient to your duty or residence. If you are located in a remote area outside of a military treatment facility service area, this block will not be applicable. (Note: The enrollment specialist may request that a primary care manager also be entered in this block.)

15. FAMILY MEMBER NAME. List each family member (last name, first name, middle initial) who accompanied the sponsor overseas and is listed on the sponsor's original orders. **Please note: Currently, active duty family members who accompany their sponsor from the U.S. must be listed on the sponsor's travel orders in order to enroll in TRICARE Overseas Program Prime Options.**
16. DATE OF BIRTH. List the DOB for each family member. List by dd/mm/yy (example: 01Jan 60).
17. RELATIONSHIP TO SPONSOR: Please enter spouse, son, daughter, as appropriate. **IF SPOUSE IS ALSO AN ACTIVE DUTY SERVICE MEMBER, PLEASE COMPLETE A SEPARATE ENROLLMENT FORM** (Family members should only be listed on the form for the active duty service member whose DEERS information reflects family member dependence.)
18. DATE OF ARRIVAL IN COUNTRY. Provide date family arrived in country using the following format dd/mm/yy (e.g. 01 Jan 07)
19. CURRENT CITY AND COUNTRY OF RESIDENCE – Family members of activated reservists must reside with the sponsor in an overseas location at the time of activation to be eligible for TRICARE Overseas Program Prime options.
20. MILITARY TREATMENT FACILITY – Select the preferred Military Treatment Facility, if applicable (see #14).
21. SELECT A PCM FOR EACH FAMILY MEMBER. If you have questions, contact the TRICARE Service Center supporting the military treatment facility where you would like to have family members enrolled. (This may not be applicable depending on overseas area and TRICARE Overseas Program Prime option.)
22. SIGNATURE. Either adult beneficiary must sign and date the form. The signature of the sponsor or the sponsor's spouse is required.
23. OTHER HEALTH INSURANCE INFORMATION – Please provide the carrier, plan account number, and effective date of any health insurance policy that currently covers any of your TRICARE-eligible family members. **Please Note:** National health insurance that covers a TRICARE beneficiary is considered other health insurance and should be reported.

PRIVACY ACT STATEMENT

AUTHORITY:	Title 10, USC, Sec. 1095 and 1099; EO 8397
PRINCIPAL PURPOSE(S):	Information will be used to enroll the beneficiary(ies) in TRICARE Overseas Prime programs, and to assign Primary Care Managers (PCMs) to each enrollee. Information will also be used by military treatment facility staff and TRICARE contractors to determine eligibility for care and payment.
ROUTINE USE(S):	The information on this form will be released to the MTF staff, TRICARE contractors, and providers of health care.
DISCLOSURE:	Is voluntary, however, failure to provide the information requested may preclude your enrollment in TRICARE Overseas Prime programs.

TRICARE Program - Prime Eligibility

TRICARE Global Remote Overseas
(TGRO) Prime

Active Duty Service Members (ADSM) &
COMMAND SPONSORED Family Members
Enrollment Form **MUST** be completed to be
enrolled

To be eligible for any TRICARE program
you must update DEERS



TRICARE Program - Prime Eligibility

- ADSMs permanently assigned
 - Ref. TPM 6010.54M, Chap 12, Sec 3.2, Para I B
- Command Sponsored active duty family members (ADFM) living with the active duty sponsor
 - Ref. TMP 6010.54M, Chap 12, Sec 3.2 Para I C
- Not applicable in a combat theater of operations with units that have imbedded, organic medical assets
 - Iraq
 - Afghanistan



TRICARE Program - Prime Eligibility

- Guard/Reserve members on orders for 30 consecutive days or more
- Guard/Reserve members living in Theater upon activation
 - Family members eligible for Prime based on address at time of activation
 - Delayed Effective Date orders in support of contingency operations



TRICARE Program - Prime Structure

- Must see PCM for all medical care
 - PCM will refer for specialty care/tests
 - ISOS must be involved for authorization
- Must use ISOS/TRICARE providers as available
- If care is not authorized, ADFM claim will process as Point of Service (POS)
 - \$300 individual/\$600 family deductible
 - 50% cost share
- If care is not authorized, ADSM claim will deny or remove to ISOS for retro-authorization review



TRICARE Program - Standard

- ADSMs are **NOT** eligible for Standard
- Command Sponsored ADFMs have the option of choosing Prime or Standard
- Standard is a “Fee for Service” style benefit program available worldwide
- Requires no enrollment forms and no enrollment fees



TRICARE Program - Standard

- Allows the greatest flexibility to see civilian providers as needed, without authorization
- Has the highest out of pocket expenses as far as deductible and percentage cost share
- Space available access to MTFs
- May require beneficiary to file claim forms
- No support from International SOS for Guarantee of Payment (GOP)



TRICARE Program - Out of Pocket

Active Duty Family Members	Prime	Standard
Enrollment	\$0 (enrollment required)	\$0 (no enrollment required)
Annual deductibles	\$0	<ul style="list-style-type: none"> • E1-E4: \$50/individual; \$100 family maximum (FY) ▪ E5+: \$150/individual; \$300 family maximum (FY)
Outpatient Visits <ul style="list-style-type: none"> • in military facility • civilian provider 	\$0 \$0	\$0 20% (co-pay)
Inpatient Stays <ul style="list-style-type: none"> • military facility • civilian facility 	\$0 \$0	\$0 Greater of \$25 or *\$15.65per day *based on FY09 rates
Catastrophic Cap (Max Pay out for covered benefit)		ADFM: \$1,000 Retiree/Family: \$3,000

TRICARE Program - Portability

- Prime enrollees must either transfer enrollment or disenroll within **60 days** from departure to new location
- Change Request Form is needed along with a copy of orders
 - Need orders to verify TDY/TAD enroute
- Form/orders pending for 60 days from port call/fly date
 - CTSC watches for successful transfer to gaining region



TRICARE Program - Portability

- ADASM who are separating/retiring will continue coverage as AD until separated/retired
 - Terminal leave is still AD
- ADFMs who are out of the Theater for more than 60 days, whether on vacation or ERD, need to transfer or disenroll
- If at the end of 60 days, mbr is NOT successfully transferred, they will be **disenrolled from TGRO Prime**. Family members will revert to Standard coverage



TRICARE Overseas Program Prime – Change Request Form

SPONSOR NAME (Last Name, First, Middle initial):	SPONSOR SSN:
CURRENT UNIT:	
CURRENT ADDRESS & PHONE #	FORWARDING ADDRESS, Email Address & PHONE # (if applicable)
GAINING UNIT/LOCATION:	

Change of Status Request (*Check appropriate box*)

<input type="checkbox"/> Permanent Change of Station (PCS) <input type="checkbox"/> Expiration of Term of Service (ETS) <input type="checkbox"/> Transitional Assistance for Military Personnel (TAMP) <input type="checkbox"/> Retirement <input type="checkbox"/> Early Return of Family Members	Flight Date: Port Call Date: Effective Date of Status Change:
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☐ **PCM Change Request**

☐ **Disenrollment Request**

Reason For Request:

Family Member Information

<i>Last Name, First Name MI</i>	<i>Date of Birth</i>	<i>Effective Date</i>	<i>Primary Care Manager Selection (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			

VOLUNTARY DISENROLLMENT FROM PRIME - You are choosing to disenroll from TRICARE Prime and will be covered by TRICARE Standard. You may be subject to a one-year lockout. **Please Initial:** _____

All beneficiaries are required to transfer enrollment to their new region within 60 days after their departure date. If enrollment has not been transferred within the 60-day grace period, coverage will automatically change to TRICARE Standard. **Please Initial:** _____

SIGNATURE (Sponsor or Spouse): _____ **Date:** _____

TRICARE Program - Care While CONUS

ADSM in CONUS seeking urgent/emergent civilian care (care needed within 12-24 hrs)

- No authorization is required
- Seek care at nearest Emergency Room or Urgent Care facility (which accepts TRICARE)
- TRICARE Overseas toll free number (1-888-777-8343, option1) for provider to verify benefits as needed
- Provide mailing address for TRICARE Europe claims



TRICARE Program - Care While CONUS

ADSM in CONUS seeking NON
urgent/emergent civilian care

- Ref. TPM 6010.54M, Chap 12, Sec 8.1, Para I B

- Must have authorization from ISOS
- May call collect or have ISOS call back
- May email tricarelon@internationalsos.com

If ADSM is near a military treatment facility,
that **MUST** be the first option of care



TRICARE Program - Care While CONUS

ADFM in CONUS seeking civilian care

- No authorization is required for ANY medical care in CONUS
 - Ref. TPM 6010.54M, Chap 12, Sec 8.1, Para I,E
- Seek care with TRICARE accepting provider
 - Provider should not bill up front for care (other than deductible/cost share)
 - Provider should file claims
- TRICARE Overseas toll free number (1-888-777-8343, option1) for provider to verify benefits as needed
- Provide mailing address for TRICARE Europe claims



TRICARE Program - Nurse Advice Line

- Provides around-the-clock access to medical information and advice
- RNs to answer questions, provide self care advice and help decide if you need immediate care
- Audio health library with hundreds of topics
- Accessible from OCONUS as well as CONUS
 - Western Europe - 00800-4759-2330
 - Bahrain - 888-475-9233
 - Greece - 008-001-1815-3044
 - Turkey - 00-800-13815-9042
 - CONUS - 888-475-9233



TRICARE Program - Options

- Questions?

